

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
101 581757

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/		/	
3	0		0		0	
4	1		1		1	
5	1		1		1	
6	1		1		1	
7	1		1		1	
8	1		1		1	
9	1		1		1	
10	1		1		1	
11	0		0		3	
12	0		0		2	
13	0		0		2	
14	0		0		2	
15	1		1		1	
16	1		1		1	
17	1		1		1	
18	0		0		2	
19	0		0		2	
20	0		0		2	
21	1		1		1	
22	1		1		4	
23	1		1		1	
24	1		1		1	
25	1		1		1	
26	1		1		1	
27	1		1		1	
28	0		0		4	
29	1		0		1	
30	1		1		1	
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TOTAL IND.			6		5	
TOTAL DEP.	←	24	←	35	←	
TOTAL CLAIMS		30		40		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			6		5	
TOTAL DEP.	←	24	←	35	←	
TOTAL CLAIMS		30		40		